

American Crossroads

1401 New York Avenue

NW Suite 1200

Washington

DC

20005

FEC ID No. C00487363

☒ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER <b>C</b> C00487363	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Olsen & Shuvalov		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0	
Mailing Address 1609 Shoal Creek Blvd. #203		Amount 48285.00	
City Austin	State TX	Zip Code 78701	
Purpose of Expenditure Postage, Printing/Production		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: E.001	

Full Name (Last, First, Middle, Initial) of Payee Olsen & Shuvalov		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 1 0	
Mailing Address 1609 Shoal Creek Blvd. #203		Amount 25188.03	
City Austin	State TX	Zip Code 78701	
Purpose of Expenditure Postage, Printing/Production		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Sharron Angle		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: E.002	

(a) SUBTOTAL of Itemized Independent Expenditures .....	73473.03
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Margee D. Clancy Signature	M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0